

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b> <b>COUNTY PROBATE</b>	<b>PERSONAL SERVICE</b> <b>ON PRISONER AND AFFIDAVIT</b>	<b>CASE NO.</b>
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Court address

Court telephone no.

Plaintiff(s)	v	Defendant(s)
<input type="checkbox"/> Juvenile In the matter of _____ <input type="checkbox"/> Probate In the matter of _____		

REQUEST

To the Warden/Administrator of \_\_\_\_\_  
Name of correctional institution

You are requested to serve \_\_\_\_\_  
Title or description of papers

together with \_\_\_\_\_  
List of attachments

on \_\_\_\_\_ within \_\_\_\_\_ days. Upon service, you must  
Name of prisoner and prisoner identification number (if known)  
 complete and file the affidavit below with the court clerk. If you are unable to complete service for some reason, you must return the original papers and all copies to the court clerk.

Date

Court clerk

AFFIDAVIT OF SERVICE

I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that I personally served the above named papers and attachments, if any, on \_\_\_\_\_  
Name of prisoner and prisoner identification number (if known)

on \_\_\_\_\_ .  
Day, date, and time

Signature

Name (type or print)

Subscribed and sworn to before me on \_\_\_\_\_ , \_\_\_\_\_ .  
Date County and state

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received the above described papers on \_\_\_\_\_  
Day, date, time

\_\_\_\_\_ on behalf of \_\_\_\_\_ .  
Signature